(((H19000334040 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAVISTOCK DEVELOPMENT

Account Number : I20170000084 Phone : (407)909-9957 Fax Number : (407)909-9957

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Cmail	Address:			
C1111GTT	MUUI CSS.			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LN LANDON HOUSE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

B

8

? COVER LETTER

TO:	Registration So Division of Co	ection rporutions				
SUBJE	N Landor	a House, LLC				
SOBIL		Name of Lin	nited Liability Company	<u></u>		
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.			
		ondence concerning this matter	-			
		Michelle Dadisman				
			Name of Person			
		Tavistock Financial, LLC				
			Firm/Company	***		
	9350 Conroy Windermere Road					
		• • •	Address	***		
	Windermere, Fl. 3476					
	City/State and Zip Code					
	michelle.dadisman@tavistock.com					
		E-mail address. (to be used for future annual report notif	ication)		
For fur	ther information e	oncerning this matter, please c	all:			
Miche	lle Dadisman		407 909-9957			
	Name o	f Person	at ()	* Telephone Number		
Enclose	ed is a check for th	ne following amount:				
□ \$2:	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy taddinonal copy is enclosed)	☐ \$50.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



LN Landon House, LLC		noin HOU 13 P 2: \$2
(Name of the Limited Liability Con (A Florala Limite	ipuny as it now appears on ed Liability Company)	our records.)
	• •	
The Articles of Organization for this Limited Liability Compa	ny were filed on March	19, 2014 and assigned
Florida document number L14000045501		-
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lin	bility Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		
F		
Enter new mailing address, if applicable:	·	
(Mailing address MAY BE A POST OFFICE BOX)		
		
D. H	.ee	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	omce address on ou ere:	r records, enter the name of the new
	- : ·	
Name of New Registered Agent:		
Marie Vi 1763 Registeret Agent.		
New Registered Office Address:	1'	
	Enter Florida si	rvet gagress
		, Florida
	Cuy	Zip Code
New Registered Agent's Signature, if changing Registered Ager	<u>ıt:</u>	
I hereby accept the appointment as registered agent and a		
provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a		
being filed to merely reflect a change in the registered offi		
company has been notified in writing of this change.	•	•

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

4079099984

Title	<u>Name</u>	Address	Type of Action
VP, T	Jeffrey S. Smith	6900 Tavistock Lakes Blvd.	
	 	Suite 200	
			■ Remove
		Orlando, FL 32827	
VP, T	Benjamin A. Weaver	6900 Tavistock Lakes Blvd.,	
		Suite 200	■ Add
			□ Remove
		Orlando, F1. 32827	□ Change
			Add
		<u>-</u>	☐ Remove
			□ Add
			□ Remove
			Change
			□ Remove
		***************************************	☐ Change
			□ Add
			☐ Remove
			□ Change

11-13-2019

Page 3 of 3

Filing Fee: \$25.00